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MICHAEL O SCHEINBERG

FAX No. 512 306 1963

P. 001

MICHAEL O. SCHEINBERG

Patent Attorney

JAN 18 2006

January 18, 2006

Fax

Name: Examiner - Kalimah Fernandez
Art Unit: 2881
Organization: United States Patent and Trademark Office
Fax: 1-571-703-8300

From: Michael O. Scheinberg
PO Box 164140
Austin, TX 78716-4140
Phone: (512) 328-9510
Fax: (512) 306-1963
Date: January 18, 2006
Subject: Response to Office Action
Pages: _____ (including this coversheet)

In connection with the above-identified patent application, applicant submits the following:

1. Response to October 18, 2005 Office Action (9 p.)
2. Specification (cleaned-up copy)
3. Specification (marked-up copy)
4. Information Disclosure Statement (2 p.)
5. PTO/SB/08A (1 p.)
6. Fee Transmittal (in duplicate) (1 p.)
7. PTO-2038 (1 p.)

Michael O. Scheinberg
Patent Attorney

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Mailing Address:
P.O. Box 164140

Physical Address:
3425 Bee Cave Rd., Suite B1

Telephone: (512) 328-9510
Fax: (512) 306-1963

JAN 18 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 530.00

Complete if Known

Application Number	10/829,002
Filing Date	04/21/2004
First Named Inventor	Bart Buijsse
Examiner Name	Kallmah Fernandez
Art Unit	2881
Attorney Docket No.	FNL0303US

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 or HP = 3	x 50.00 =	150.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200.00 =	200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION-SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	- 100 =	/ 50 =		

(round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Surcharge

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 36,919	Telephone (512) 328-9510
Name (Print/Type) Michael O. Scheinberg		Date January 18, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/M7 (12-04v2)

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Attorney Docket No.	FNL0303US

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
23	17	1	125	125

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Fees Paid (\$)
180.00

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